

<b>Case Number:</b>	CM14-0088438		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who reported an injury on 01/05/2013 reportedly while at work, the injured worker and a coworker were moving a heavy metal grill. As she did, she felt some back pain. The next day, she awoke with pain on her entire back, neck, and extremities. Treatment history included x-rays, anti-inflammatory medications, pain medications, and physical therapy sessions. The injured worker was evaluated on 05/20/2014 and it was documented the injured worker was there for a refill of medications. Subjective complaints and objective examination findings are not documented. The provider refilled prescriptions for Vicodin and Motrin. Diagnoses included cervical/thoracic sprain/strain and sprain of the neck. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for Motrin 600mg, QTY: 120, prescribed 05/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen. Decision based on Non-MTUS Citation Physicians' Desk Reference, Motrin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica, a recent Cochrane review (including 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen has fewer side effects. The provider failed to indicate long term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficacy of the Motrin for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain, and longevity of the pain after the Motrin is taken by the injured worker. The injured worker has been on Motrin since 01/08/2013 with no benefit of improvement noted from usage of the medication. In addition, the request for Motrin did not include the frequency. Given the above, the request for the Motrin 600mg #120 is not medically necessary.